AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT	1. Contract Number	Page of Pages
		1 1

2. Amendment/Modification Number POTO-2006-R-0077 - M0003	3. Effective Date See Block 16 C	4. Requisition/Purchase Request No.	5. Solicitation Caption MMIS

6. Issued By: Code	7. Administered By (If other than line 6)
Office of Contracting and Procurement Office of the Chief Technology Officer 441 4th Street, N.W., Suite 700 South Washington, D.C. 20001	Department of Health Medical Assistance Administration 2100 Martin Luther King, Jr. Avenue, SE Washington, DC 20002

8. Name and Address of Contractor (No. Street, city, country, state and ZIP Code)	(X)	9A. Amendment of Solicitation No. POTO-2006-R-0077
	X	9B. Dated (See Item 11) 6/30/2006
ALL POTENTIAL OFFERORS		10A. Modification of Contract/Order No.
		10B. Dated (See Item 13)
Code Facility		

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

X   The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers [ ] is extended. [X] is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning   2   copies of the amendment: (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (If Required)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14

	A. This change order is issued pursuant to: (Specify Authority) The changes set forth in Item 14 are made in the contract/order no. in item 10A.
	B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2.
	C. This supplemental agreement is entered into pursuant to authority of:
	D. Other (Specify type of modification and authority)

E. IMPORTANT: Contractor [ ] is not, [X] is required to sign this document and return   2   copies to the issuing office.

14. Description of amendment/modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)

This Amendment is issued to make the following changes:

A. Answers questions received from potential Offerors in Attachment A.
B. Revise Solicitation in accordance with Attachment B.
C. Delete Attachment J.1.1 Wage Determination and substitute new Attachment J.1.1 Wage Determination No. 2005-2103, Revision No. 1, dated 08/22/2006.

The proposal due date for submission remains unchanged from 2:00 P.M., September 25, 2006.

Except as provided herein, all terms and conditions of the document referenced in Item (9A or 10A) remain unchanged and in full force and effect

15A. Name and Title of Signer (Type or print)	16A. Name of Contracting Officer William Sharp	
15B. Name of Contractor 15C. Date Signed	16B. District of Columbia	16C. Date Signed
(Signature of person authorized to sign)	9/1/2006 (Signature of Contracting Officer)	

Medicaid Management Information System – POTO-20006-R-0077

Attachment A - Questions and Answers

1.   Under C.1.8 of the RFP--

"6. Claims and Data Storage - The Contractor shall maintain six (6) years of adjudicated (paid and denied) claims history by paid date on a current, active claims history file for use in audit processing, on- line inquiry and update, and printed claims inquiries. All data in the claim record, claim attachments(s), files, tables, as well as the data supporting editing, auditing, and processing in force at the time of a claim's adjudication, must be maintained for six (6) years to support the claim processing, on line display, retrieval, and reporting of these claims."

The RFP refers to a DW/DSS function but does not define it or state it as a requirement. There are requirements for interfacing and feeding data to the DW/DSS but no statement of any requirement for a DW/DSS or any description of requirements for a DW/DSS.

Does the District plan on addressing this requirement through a separate Data Warehouse/Decision Support Services (DSS) RFP?

Yes. The district will address this requirement through a separate Data Warehouse/DSS RFP.

2.   Will there be an IV&V portion to this procurement? Didn't see anything mentioned and just wanted to be sure I didn't miss it.

Yes, a separate RFP for the IV&V portion of the project was released two months ago. The award is expected in two to three weeks.

3.   Is this a new contract or an existing one?

The existing contractor for DC Medicaid Claims processing is Affiliated Computer Services (ACS) State Health Care, Inc.

4.   If this is an existing one, what is the name of the current contractor?

ACS State Health Care, Inc is the current DC Medicaid fiscal agent.

5.   Please provide the option year prices for the contract.

Please submit a freedom of information request with the Office of Contracting and Procurement (OCP).

6.   The "DSS/DW function" is referenced in six places in the RFP, including:

Page 33 – C.10.44.2
Page 50 – C.6.1.6.3
Page 55 – C.6.17.3.2
Page 174 – C.8.16.4.2
Page 178 – C.8.16.5.25
Page 181 – C.8.166.20

In addition, on page 44, item (d) under Section C.6, the "DSS/DW" is referenced.

However, the "DSS/DW function" is not defined or described under the RFP Definitions (Section C.1.12) or anywhere else in the RFP.

The references to the "DSS/DW function" include statements that the "Outputs" for (1) the Clinical Case Management System, (2) the Eligibility Verification System, (3) the Managed Care function, the Security Management function, (5) the Customer Service function, and (6) the Internet function involve a requirement that "all data shall be available through the DSS/DW function."

In addition, the reference on page 44 to the "DSS/DW" indicates that data from the 23 functional subsystem areas must be provided to the "DSS/DW."

What is the "DSS/DW function"? Where is it defined with a detailed description of requirements?

See responses to question number 10.

7.   The "Data Warehouse" or the "District Data Warehouse" is referenced in the following eight places in the RFP, although it is not defined under Definitions (Section C.1.12) or elsewhere in the RFP.

Page 33 – C.10.38
Page 47 – C.6.1.4, #2
Page 61 – C.6.2.4, #4
Page 65 – C.6.3.4, #6
Page 69 – C.6.4.4
Page 83 – C.6.10.3.16
Page 83 – C.6.10.4
Page 156 – C.8.33, #9

The item on page 33 states that "all clinical case management data should be exported to the data warehouse on a monthly basis." The first item on page 83 states that "pay cycle, adjudicated claims files [should be] available for downloading to District Data Warehouse." The item on page 156 states that the MMIS contractor must "transmit copies of the provider file to the …Data Warehouse … no later than 3 working days following the end of each calendar month."

The other items above involve requirements that the following MMIS functions interface with the Data Warehouse: (1) Recipient Data Maintenance, (2) Provider Data Maintenance, (3) Reference Data Maintenance, (4) Prior Authorization Processing, (5) and Claims Operation Management.

What is the "Data Warehouse" or the "District Data Warehouse"? Where are these terms defined with a detailed description of requirements?

Does the "Data Warehouse" or the "District Data Warehouse" exist today?

See responses to question number 10.

8. Previously, there were indications from the District that the Medical Assistance Administration would seek to contract with a vendor for a Data Warehouse (DW) / Decision Support System (DSS). **What is the status of this procurement?   How does it relate to this MMIS RFP? Will there be a separate procurement with specific requirements for a Data Warehouse (DW) / Decision Support System (DSS)?**

   See responses to question number 10.

9. **Is the District seeking to procure a Medicaid Data Warehouse (DW) / Decision Support System (DSS) under this RFP? If so, would the District be willing to amend this RFP to include a specific requirement for a DW/DSS, as well as detailed functional requirements for a DW/DSS?** Other Medicaid agencies (such as CA, GA, MO, ND, NH, NV, SC, WA, etc.) that have conducted either a separate procurement or an MMIS procurement for a DW/DSS have all provided detailed DW/DSS specifications.

   See responses to question number 10.

10. **If the District is seeking to procure a Medicaid DW/DSS under this RFP,   then does the District desire that the MARS and SURS functions be included in the DW/DSS, along with ad hoc query and analytical requirements?** Most Medicaid agencies now seem to be moving toward combining the MARS, SURS, DW/DSS, and ad hoc query and analytical functions together rather than having distinctly separate systems.

   Answers to all the Data Warehouse related questions (6 -10).

   The Data Warehouse does not exist today. There will be a separate solicitation for a Data Warehouse (DW) and Decision Support System (DSS). Data Warehouses typically do not store all the operational data in a system. Only selected data will be provided to DSS/DW, not all the MMIS data.
   MARS and SURS analytical functionality will be added to DW/DSS.

11. Given the fact that any currently operational and CMS certified MMIS as of this time would have been developed several years ago and would not represent much more functionality then the District's current system, we strongly believe that requiring a certified MMIS would limit the District's options to have a truly contemporary system. Consequently, if the District will accept a certifiable system based on one that is currently operational, it can receive a new system with all of the most recent enhancements requested by states across the country, thereby leveraging the most technologically advanced functionality in the industry. Further, the current market offers the District extremely limited choices with this requirement, which will considerably reduce the competitive nature of this procurement. (Only one vendor meets RFP requirements as they are currently written)
Will the District amend its RFP to procure for a certifiable system, based on an operational system?

No. The District will not amend its RFP. The requirement remains the same.

12. CMS continues to advance its work with MITA. Has the District considered these requirements in the development of this RFP? If so, what is the District's expectation for the alignment of the proposed system with the MITA guidelines?

The District has considered the MITA in the development of this RFP. The **District had been doing and continues to do MITA analysis internally. This RFP is silent on the need for the proposed system to be aligned with the MITA guidelines.**

13. Please define Contemporary Functionality.

See RFP Section C.1.8. (1 - 9).

14. Given the scope of the District's RFP and the level of detail required for bidders' responses, especially with regard to RFP Sections L.8.2, L.8.3, and L.8.4, a bidder's proposal response could be between 1500 and 2000 pages. Any vendor responding to an RFP of this magnitude and complexity will need the additional time to prepare a fully responsive proposal. In this regard, will the District provide an extension for the proposal due date until September 29, 2006?

The District has modified the RFP to provide an extension to August 25, 2006. The modified RFP is posted on the DC OCP website.

15. The RFP states the operational start date is February 28, 2008. Pricing Schedule B.4.1 defines the implementation period as 18 months. Given the complexity of modifying and implementing an MMIS, is it the District's intention to preserve the entire implementation period if delays occur in awarding and signing the new contract?

It is the District's intention to begin operation with the supplied and modified MMIS on February 28, 2008.

16. The most recent procurements for the modification and implementation of an MMIS have allowed a minimum of 22-24 months for the design, development, testing and implementation of the system. Will the District extend the implementation period to 22 months?

No.

17. General Question – For planning purposes, what are the anticipated dates for the following:

- Oral Presentations/System Demonstrations
- BAFO Request
- Notification of Award

The DC Office of Contracting and Procurement will post these dates via contract modifications posted on the DC Office of Contracting and Procurement website.

18. Section B.1.1

The end of the 1st sentence states, "….(MMIS) as set forth in Section C.3 through C.7.5.5." There is no Section C.7.5.5 in the RFP (see page 119). Please clarify the closing section of this statement.

See Attachment B.

19. Section B.4.3

Rates may differ based on skill level and years of experience for a health care data analyst or an analyst/programmer. Does the District require one blended rate or should the Offeror provide different rate levels (e.g., Level 1, 2, 3)? If the latter, please provide an updated Optional Resource Personnel page.

The RFP requests rates for two optional resources for Health Care Data Analyst and Analyst/Programmer. Please conform to the RFP request.

20. B.4.3

Is the monthly rate to include labor costs (salary & benefits) only or is it to include other costs associated with the performance of any assigned tasks (e.g., office supplies, document production, travel as optional resources may not be located in DC, etc.)? If the latter, what documentation is required in the proposal to document what is included in the rate?

The monthly rate is what the offeror will charge the district for providing the optional resource, working full time, for 160 hours per month at the time of the District's request. The offeror's proposed rate should include ancillary costs. The proposal is not asking separately for the costs of office supplies, document production, and travel.

21.   Section B.4.3 Note 2

There is no specific language regarding optional resource personnel included in H.23. Please describe the circumstances in which Optional Resource Personnel would be requested. Will the Change Order process be applied to such requests?

   There is a reference to B.4.3 in H.23.1. This request will be issued as a modification. See Attachment B.

22.   C.1.1

Is this section missing from the RFP or is the first number incorrectly numbered?

See Attachment B.

23.   C.1   C.1.8.6

Requirement states that six (6) years of adjudicated claims history be available for audit processing, on-line inquiry, and update and printed claims inquiry. This conflicts with paragraphs C.6.1.2.6 (5 years of recipient information); C.6.2.2.12 (27 months of provider information); C.6.2.2.24 (60 months of capitation rates); C.6.2.2.27 (36 date-specific segments of LTC) C.6.7.2.39 (27 months of record of services); C.6.8.2.10 (36 LTC pricing segments) and C.6.10.2.1 (27 months of claims history. Which requirement is correct?

The requirement is six years of data available online for all type of services.

See Attachment B.

24.   C.1.8

The use of notes functionality is widely used in the various subsystems of the MMIS. Is the notes functionality defined in the bullet relevant to a data element, a screen, a table or a subsystem? Does the District have a plan for the specific items to be noted with this type of functionality and the amount of data to be stored and logged?

As described in C.1.8 - The District shall have the capability to accept, track, link, and secure MMIS user notations or comments. These notes relate to providers, clients, reference file updates, prior authorizations, surveillance, and utilization review (SUR), and third party liability (TPL) actions.

Any additional information will be derived from a require ment analysis while meeting with the appropriate MAA staff or division.

25.   C.1.8 Number 9

The RFP states that the Contractor-led functional requirements work sessions shall result in "the identification of additional functional requirements that shall be enumerated in the RFP".   The District is asking for a firm fixed price for the implementation of the MMIS. How will the contractor be reimbursed for additional requirements identified during the requirements sessions? Please clarify the intent of C.1.8.9.

Additional functional requirements will be within the boundary of the MMIS functions that need customization to meet District's requirements. See Attachment B, paragraph C.1.8. number 9.

26.   C.3.1 #2

The requirement cites Computer Security Guidelines for Implementing the Privacy Act of 1974 (FIPS PUB 41), which has been withdrawn by the Federal government. Would the District specify any other "relevant publication" the contractor must be in accordance with to replace this reference to FIPS PUB 41?

C.3.1 #1 cited the compliance with Privacy and Security.

Section C.3.1 #2 is amended to read:

2.   AMC/**HIPAA** Workgroup 9 AMC **HIPAA** Security **Guidelines**   (obtainable from http://www.aamc.org/members/gir/gasp/

27.   C.3.2.2

The OCTO Professional Guide TO IT Architecture and Security Standards, DC Government could not be found at www.OCTO.dc.gov website. Please provide a new or more specific reference.

The Citywide IT Security Policies, Standards, Procedures and Guidelines can be found on:

> **http://ocsm.in.dc.gov/ocsm/cwp/browse.asp?a=1339&bc=0&c=45275**
> **and**
> **http://ocsm.in.dc.gov/ocsm/cwp/browse.asp?a=1339&bc=0&c=45253**

28.   C.3.2.3

Is it the intent of the District to have the fiscal agent replace or upgrade MAA LAN equipment? Or is it just to replace equipment that is not compatible with accessing the new MMIS?

If the intent is to replace MAA LAN equipment, please provide maximum number of users by functional work area and locations.

If the intent is to replace only that equipment that is not compatible with accessing the new MMIS please provide details of current LAN including user workstation configuration, number of users by location and functional work area.

No. The fiscal agent does not need to replace or upgrade any MAA LAN Equipment. The LAN equipment referenced in this section of the RFP refers to the networked computer systems to be used by the Contractor representatives. See Attachment B. for Section C.3.2.3.

29. C.3.2.1.4

Is it the intent of the District that the MMIS and all end-user components operate using Microsoft Internet Explorer? If yes, how does this requirement relate to sections C.3.2.3.3 (minimum workstation for CICS like system screens); and C.3.5.2 (or CICS screens with a GUI front end)?

Please refer to the answer provided to Question 28.

30. C.3.2.1 #2

How does the District plan to use Video Conferencing? Is there an expectation that video conferencing will be used between the contractor and District offices to minimize travel time? Does the District currently have video conferencing equipment to utilize this type of communication?

The District plans to use video conferencing between contractor locations and District offices. The video conferencing will be used to minimize travel time and cost. The District currently has video conferencing equipment.

31. C.3.2.3.1

Please provide the current LAN configuration in the District offices.

The LAN configuration employed by the Contractor must include wide area network connectivity to the District's network. Please refer to the answer provided to Question 28.

32. C.3.2.3.1

Is the Offeror required to provide computer equipment and peripherals for District staff outside of the Offeror's DC location? If so, please provide the following information as it is needed for pricing purposes:

- Number of laser printers to be provided by the Offeror

- Number of microcomputers to be provided by the Offeror

- Number of terminal cabinetry to be provided by the Offeror

- Number of site-specific communications devices to be provided by the Offeror

- Number of District offices the Offeror will need to install the equipment

- Maintenance requirements for the equipment

No, not applicable to Government sites. Please refer to the answer provided to Question 28.

33.   C.3.2.5

Is the contractor required to convert historical images that are currently stored on Microfilm and microfiche?

No.

In regard to the conversion of historical images to the new environment, how much history is required to be converted? In the sentence "these files" are referenced, are these files the images of claims and attachments? If there are more images to be converted please provide a list of the types and approximate number of images to be converted.

The list of the types of images include paper claims, attachments, provider applications, prior authorizations currently imaged by interviews using Computer Output to Laser Disc (COLD) technology.

34.   C.3.2.4

Please elaborate on this requirement. Are bidders responsible for providing all the hardware and software required to facilitate video conferencing in the District's facilities? If so, please provide the number and location of each site so that this requirement can be accurately scoped and priced.

The vendors are responsible for providing equipment only for the vendor's facilities.

35.   C.3.3.1.1

The normal working hours listed in this section conflicts with the definition provided for "Business Day" in section C.1.12 on page 13. Which is correct for purposes of responding to this section of the RFP?

See Attachment B, paragraph C.3.3.1.1

36.   C.3.10.1 c

Please identify the source of the client assessment file. Is this an automated interface? If so, please identify the frequency of the file transfer process.

The case management inputs to include the client assessment file and client health services file will be derived form the new MMIS files that will run by the same vendor. The contractor with its subject matter experts shall determine what data extracts is needed to build a client case management system and these files will be verified during the requirement analysis by MAA.

37. C.3.10.1 c

Please provide a copy of the client assessment file layout.

Please refer to response provided to question #36.

38. C.3.10.1 d

Please identify the source of the client health services file. Is this an automated interface? If so, please identify the frequency of the file transfer process.

Please refer to response provided to question #36.

39. C.3.10.1 d

Please provide a copy of the client health services file layout.

Please refer to response provided to question #36.

40. C.3.10.1 e

How will the Offeror obtain information from the clinical record? Does the District envision an automated interface(s)? What are the sources of the clinical record data?

Please refer to response to question #36.

41. C.3.10.4

Please provide additional information regarding the requirement to provide point and click telephone dialing from the recipient or provider record.

- What is meant by point and click dialing?

- Will the District's LAN support this technology?

- Is this technology being used currently in the District?

- Is this technology being used by field staff?

Point and click dialing describes the method of pointing at a phone number on a screen, and thereby asking the computer to dial the phone with that number. Point and click dialing is required only at the contractor's offices, and at District offices equipped with the required computers and phone services.

42. C.3.10.5

Please provide the file layout for the patient information that will be provided via the eligibility system interface.

Please refer to response provided to question #36.

43.   C.3.10.20

What is meant by a graphical Treatment Plan?

This section reads:

The clinical case management function shall contain a complete graphical Treatment Plan, including all planned and reviewed procedures, services, admissions/LOS, medications, and so on. The treatment plan should be coded in HCPCS, CPT-4, or ICD-9 (or ICD 10 if implemented) service codes (custom codes can be added).

Please refer this question to your Subject Matter Experts (SME) for the Clinical case management.

44.   C.3.10.21

Please explain what is meant by "alternative healthcare pathways".

Please refer this question to your Subject Matter Experts (SME) for the Clinical case management.

45.   C.3.10.22

Please clarify what types of discounts must be tracked in the system. What is the source of this data?

Please refer this question to your Subject Matter Experts (SME) for the Clinical case management.

46.   C.3.10.22

What type of savings calculations will the Contractor be responsible for? Are these calculations to be generated in reports or is the expectation that the calculations be derived on-line?

Please refer this question to your Subject Matter Experts (SME) for the Clinical case management.

47.   C.3.10.44.2

The RFP uses the term microform throughout the RFP. Microform refers to a high-density analog information storage medium. Generally, it exists in two formats Microfilm (reels) and Microfiche (flat sheets). Is it the intent of the District to require the contractor to use Microform instead of digital imaging or COLD type technology?

No. Microform will not be used for the Case Management System. See Attachment B for paragraph C.3.10.44.2.

48.   C.3.10.37

Which staff will be made assignments, FA, District or other entities? If FA what types of assignments and what is the projected number of assignments?

The term "staff" refers to the users (social workers) of the District.

49. C.3.10.44.1

Is it the District's expectation that the DSS/DW replicate the MMIS databases?

No, the District does not expect that the DSS/DW will replicate the MMIS.

50. C.3.10.37
Please provide information on the data warehouse referenced in the requirement. What are the file format requirements for the monthly data transfer?

More information abut the data warehouse will be provided after the completion the requirement analysis of the Data Warehouse which will be done by a different contract.

51. C.3.10.44.1
Please describe the DSS/DW function referenced in the requirement.

The Clinical Case Management data will also need to be part of the interface to the DSS/DW.

52. C.4.3

What is the expectation of how these staff will be utilized or identified for placement with the District? Does the District expect these staff to be full time contractor staff so that they can be readily assigned to the District within 5 days as required?

The optional resource personnel for ongoing Medicaid policy changes or program support will be requested by the District. The District does not expect these staff to be full time employees of the contractor. Depending on the need, the MMIS contractor will be asked to provide one or both of these experts.

53. C.4.5.1.a

Please clarify what is meant by "Claims Processing System Manager" and define the experience required for this position.

The minimum experience level for the Claims Processing System Manager is 5 years - the same experience level required for other key personnel.

54. C.4.5.1.a

Is a combination of Account Management and Claims Processing management experience acceptable to the District?

No.

55. C.4.5.7.d

We request that the District modify the requirement to be "…3 years experience with MMIS, *Medicare, or commercial claims processing systems.*"

This provision remains unchanged.

56. C.4.6.2.c

The RFP indicates that the optional resource personnel position of Analyst/Programmer require a PMP certification. Did the District mean for Analyst/Programmer position to have a PMP certification as this is not a regular requirement for this type of position?

See Attachment B for paragraph C.4.6.2. (c) .

57. C.5.1   #8

Does this function include the call center for providers and clients?

This Section includes the call center for providers.

58. C.5.1   #3

Electronic claims are currently received at EDI Gateway in Tallahassee, FL. Is the intent of this requirement to move receipt of electronic submissions to the District? Please clarify "Data Entry" as it relates to "EMC transactions."

The existing FA vendor EDI Gateway is located in Tallahassee, FL. The District's intent is to get the bidders submit a full fledged new MMIS regardless the state that they are operating. Data Entry relates to X12N transactions.

59. C.5.2

Please identify the number of District staff and District offices that the Offeror must provide equipment for. This information is needed for pricing.

The Offeror does not need to provide equipment to District staff and offices. The aforementioned equipment relates to the site of the vendor and not the District offices.

60. C.5.7

Is the section entitled "System Certification" Section C.5.7? There is no reference number, but Paragraph C.5.7.1 is next, at the top of page 40. Should the "System Certification" section be labeled C.5.7?

Yes.

See Attachment B for paragraph C.5.7.

61. C.5.7.3.8

Please clarify why the certification activities referenced in C.5.7.3 must be provided before the implementation begins? It is likely system design changes will occur once

requirements sessions and implementation activities begin. Will the District change the requirement to complete these activities within so many days (e.g., 90 days) of the start of operations?

The certification requirement gathering starts from the beginning of implementation through the certification period. Any updates to the documents after implementation will also be part of certification period. No, the District does not have any plan of changes of the requirements 90 days of the start of operations.

62.   C.5.7.1

If CMS makes changes to certification requirements before implementation that materially impact the DC MMIS, how does the District plan to compensate the contractor for services provided outside the scope of the RFP?

See Section H.26.

63.   C.5.7.3.8

Please clarify the RFP requirement that these activities be completed before implementation begins, since the certification request to CMS can not be made until the system has been operational for 6 months.

Please refer to federal standards and possess all functional capabilities required by CMS for certification, as described in Part 11 of the State Medicaid Manual and in 42 CFR 433, Subpart C.

64.   C.5.8.2

Currently the courier retrieves/delivers mail to central locations (unless instructed otherwise for special handling). Is the intent of this requirement to have multiple points within a given location designated for daily retrieval/delivery?

RFP on Courier services have no restrictions to MAA offices. If multiple offices are used by MAA within the District, then courier services are required.

65.   C.5.8

What version of the Microsoft Office Suite is the District using?

Microsoft Office Suite 2003

66.   C.6   after par. 23

There seem to be words missing in this sentence. Can the District provide clarification?

The referenced paragraph does not exist in the RFP.

67.   C.6 (d)

Please provide information on the Safe Passages Integration System (PSIS). What is this system and what is its purpose?

SPIS is a District Wide system running by OCTO HSMP. Please refer to: http://www.octo.dc.gov/octo/LIB/octo/information/strategic/pdf/section_5.pdf

68. C.6 (d)

Please provide information on the District's Web Portal.

The District is currently working to complete its web portal RFP.

69. C.6.1.2.12

Please define what constitutes "adequate history of HMO enrollment (e.g., number of years, number of segments, etc.).

See response to question number 23.

70. C.6.1.2.14

What history needs to be maintained for the Transportation Broker (e.g., authorizations)? There appears to be a word missing from the requirement.

The history that needs to be maintained includes all enrollment related data and the claims and assignments interface data that traverses between the MMIS and the transportation broker. The RFP for the transportation broker has been publicly released for proposal submission. The transportation broker RFP is located at the OCP Website or MAA Library.

71. C.6.1.2.14

Please define what constitutes "adequate history of Transportation Broker (e.g., number of years, number of segments, etc.).

The District will require five (5) years of historical transportation broker interface data to be available. See response to question number 70.

72. C.6.1.5

Is it the expectation of the District that the vendor provide RAs via the telephone?

No.

73. C.6.1.4 #3

Please describe the differences between the Enterprise Medicaid Web Portal and the Data Warehouse and Web Portal identified in C.6.1.4.2. Is the Enterprise Medicaid Web Portal the same thing as the District's Web Portal referenced in C.6, Item (d) on page 44? If not, please describe the differences between the portals.

Yes, the Enterprise Medicaid Web Portal is the same thing as the District's Web Portal.

74. C.6.1.5.8

What is meant by draft … requirements? Can the District provide the draft of these requirements?

The term "draft" in Section C.6.1.5.8 does not apply given that the requirements have been finalized. These requirements are District specific and not available to public. The District expects to have a vendor or MMIS that can provide full compliance with all mandates of HIPAA.

75.   C.6.1.5.5

In order to prevent degradation to the system response time will the District limit the number of vendors? Is the FA allowed to charge the vendor for this access?

All vendor access requests will require approval by the District. In addition, any vendor charge will also require approval by the District. The District will not set a limit on the number of vendors. District Medicaid providers will not be charged.

76.   C.6.1.5.9 d

How is the contractor to verify a valid card? Does the contractor get this data to store on the MMIS from the issuer of the cards? Is this to be an electronic verification or is the vendor expected to have operators to answer these requests?

The EVS shall verify and validate active recipient based on the recipient Medicaid card presented to the provider before services are given. The current Medicaid Card include the recipient number, last and first name.

77.   C.6.1.6.2

Please clarify the requirement that all data shall be available through the DSS/DW function. Is this a data transfer process or is the DSS/DW function to reside in the MMIS?

DSS/DW will not reside in the MMIS. It will reside at the DC OCTO facility.

78.   C.6.1.7.1 a

Are there missing words in this requirement?

No.

79.   C.6.1.7.2.13

What does the District mean by "Incorporate the Managed Care Enrollment Broker system and related processes in the MMIS"? Is it the intent of the District to require the contractor to provide a system for the Enrollment Broker to perform their duties?

The Managed Care Enrollment Broker system is currently run by a different vendor. The same enrollment interface that currently exists will interface with the new MMIS to perform similar functions.

80.   C.6.1.7.2.13

The following requirement leaves the impression that the fiscal agent will begin to perform these services. Is it the intention of the District that not only the system but the

operational resources to perform these tasks be included in the price? Incorporate the Managed Care Enrollment Broker system and related system processes in the MMIS and the operations of the MMIS. The Managed Care Enrollment Broker, not the Contractor, will continue to perform the actual enrollment process.

The function of the enrolling Managed Care recipients relies on both the Managed Care Enrollment Broker system as well as MMIS. It is a shared function, however different aspects of enrollment is handled by each of the system. Therefore an interface must exist between the two systems to ensure full functionality. Section C.6.1.7.2.13 refers to those MMIS functions only.

81.   C.6.1.7.22

What does the District expect this data to be used for? Does the District have a list of the data that is to be maintained from the assessment?

The District expects that this information shall be addressed in the offeror's proposal.

82.   C.6.1.7.2.13

It is our understanding the Enrollment Broker maintains its own system and that data is simply transferred between the two systems. Is it the District's intention that the MMIS replace the existing Enrollment Broker System? If so, will the MMIS Contractor be required to provide the enrollment broker access to the MMIS to perform enrollment functions?

The new MMIS system will not be replacing the existing Enrollment Broker System. MMIS will interface with the existing Enrollment Broker System. Please see the District's response for questions number 79 and 80.

83.   C.6.1.7.2.22

Health risk assessments are typically gathered by the enrollment broker via the call center during the enrollment process. Requirement C.6.1.7.2.13 states that the enrollment broker will continue to perform the actual enrollment process. Will the MMIS Contractor be responsible for collecting the health assessment data from the recipients? Please clarify this requirement.

It is the function of the Enrollment Broker to conduct the Health Risk Assessment. The MMIS Contractor must be able to accept the Health Risk Assessment from the Enrollment Broker and transmit the Health Risk Assessment to the MCOs.

84.   C.6.1.7.2.22
Please clarify what is meant by "determine risk factors". Is the MMIS to calculate risk factors? If so, using what criteria?

No, the MMIS will not calculate risk factors. Please see the District's response to question 83.

85. C.6.1.7.2.29
Does the District require the MMIS to create HEDIS reports or is the requirement just to gather and provide encounter data for HEDIS and capitation rate setting by another entity (such as Mercer)?

The District requires the MMIS to capture encounter data to support rate setting and quality assurance reporting, but does not require the MMIS to generate HEDIS reports for Managed Care.

86. C.6.1.7.2.29

Does the District require the vendor to provide a full HEDIS reporting package solution to meet the requirement of utilization/quality assurance reporting to meet the requirement of national and/or relevant healthcare qualities benchmarks? If not, what are the national and/or relevant healthcare qualities benchmarks the District expects to compare encounter data against?

See the District's response to question 85.

87. C.6.1.7.2.43

What is meant by "allow for merging of the Medicaid and Medicare payment stream"? Please provide an example.

Medicaid is the last payer for all payments. A proper interface with Medicare is required to assure Medicaid services should not available for Medicare coverage services. In the case of Managed Care, capitation payments should not be paid for Medicare eligibles.

88. C.6.1.7.3.2

Are reports required to be stored on Microfilm? If yes, what is the monthly microfilm volume?

Yes. Reports will be required to be stored in Microfilm. Currently, the annual storage requirement for microfilm is 13 gigabytes (GB) for cold reports and 50 gigabytes (GB) for images.

89. C.6.1.7.2.44

What is meant by "multiple layers of managed care models given by the enrollment broker"? Please provide examples.

The "multiple layers of managed care models given by the enrollment broker" means there are multiple payment plans for each different criterion.

90. C.6.1.7.3.1

Please clarify the requirement that all data shall be available through the DSS/DW function. Is this a data transfer process or is the DSS/DW function to reside in the MMIS?

Please see response to question number 10.

91. C.6.1.7.4 (c)

Please define what the interface with the enrollment broker is, in light of requirement C.6.1.7.2.13, page 53.

The enrollment broker is a different vendor that will need the proper interface with MMIS to perform the day to day functions of MMIS as well as the enrollment broker. Please refer to the Enrollment Broker RFP for more information.

92. C.6.2 #1

Is it the District's expectation that the providers all re-enroll in the program? Is this related to NPI or is it an independent activity?

Providers need to re-enroll with the new system with an NPI with proper cross reference with the local provider numbers.

Does the District expect the contractor to provide the functionality to enroll via the web? In order to be efficient will the District minimize the hard copy documents that must be submitted to enroll in the program if web enrollment is chosen?

Yes.

93. C.6.2.2.1

In order to reduce postage costs and to provide the forms more expeditiously will the District require the providers to retrieve the enrollment forms from the web site?

Yes.

94. C.6.2.2.8
Is it the District's expectation that we only store the NPI or use it in the system?

No, the District expects using NPI with proper cross reference with associated provider numbers.

95. C.6.2.2.16
Will the District consider a more contemporary solution to using multiple coding structures?

Yes.

96.   C.6.3.4
      What Reference Subsystem data is expected to be retrievable through the web portal?

      All reference subsystem data is expected to be retrievable through the web portal.

97.   C.6.4.3.4

      Please confirm that the fiscal agent does not make prior authorization decisions only applies PA records provided by other entities to the payment of claims.

      Prior authorization decisions will be done or supervised by the District.

98.   C.8.5.2

      Please confirm that the fiscal agent does not make prior authorization decisions only applies PA records provided by other entities to the payment of claims.

      See responses to question number 97.

99.   C.6.5.2.3

      Please provide a list of the "other documents" referred to in this requirement.

      See Attachment B for paragraph C.6.5.2.3.

100. C.6.5.3.6

      Screening of claims and subsequent RTPs takes place prior to MMIS entry. Currently, there is no system generated report for RTPs. Is the intent of the requirement to modify this process and enter claims into the MMIS for electronic tracking purposes?

      C.6.5.3.6 references returned claim logs. It is unclear what is meant by the term "RTP" referenced in the question.

101. C.6.6.1

      Please define manual and automated medical transactions to be applied as noted in this requirement.

      These involve the one time payment financial transaction, recycling claims, court orders, and automated recoveries of erroneous payments.

102. C.6.6.2.5 & C.6.6.2.4

      These 2 requirements seem to be in conflict. Is it the District's intention to have a stand alone data entry system or provide for direct entry into the MMIS, or both?

      C.6.6.2.5 does not constitute conflict. It is correctly stated.

103. C.6.6.2.4 & C.6.6.2.4

These 2 requirements seem to be in conflict. Is it the District's intention to have a stand alone data entry system or provide for direct entry into the MMIS, or both?

C.6.6.2.5 does not constitute conflict. It is correctly stated.

104. C.6.7.2.7

Using contemporary functionality there are options that preclude the FA from performing the manual tasks outlined in this requirement. Will the District consider the use of this new technology and the sampling of claims with TPL, post adjudication to verify the TPL amounts instead of reviewing each claim pre-adjudication?

C.6.7.2.7 did not request a manual tasks, is looking for an automated fashion.

105. C.6.7.2.18

From what interface will the MMIS receive the information needed to perform edits?

From the recipient, claims and provider interfaces.

106. C.6

Please clarify the requirement for "automated cross-checks and relationship edits.

Item not found in C.6

107. C.6.7.2.20

Does the District expect claims that are billed in cost settlement agreements, such as hospitals, to be cut back instead of being returned to the provider to ensure only services relevant to the approved days are included on the claim?

Yes.

108. C.6.8.2.7

Crossover pricing is currently calculated (1) Medicare coinsurance + Medicare deductible; or (2) Medicaid fee schedule – Medicare paid amount. Is the intent of the requirement to change the reimbursement methodology to be (1) Medicare coinsurance + Medicare deductible; or (2) Medicaid fee schedule allowed and disregard the Medicare payment?

The reimbursement methodology will not change at this time.

109. C.6.11.2.1.3 #4

Please explain this statement. Should it be the reason for adjustment or denial?

Delete C.6.11.2.1.3 item number 4.

110. C.6.11.4

Will the District generate the files to be sent to the bank for the posting of EFT transactions?

Yes.

110. C.6.12.1

How often does IMA provide updated information to the MMIS?

IMA through the ACEDS system will provide nightly transaction update.

111. C.6.13.2

Does this paragraph explain a process where the MMIS is expected to take data from providers and other sources and create a UB claim for LTC services to be processed by the MMIS? Is it not more efficient to have the provider submit the UB with the pertinent data?

See Attachment B for paragraph C.6.13.2.

112. C.6.17.3.21

Is this statement meant to read "Cross referencing of multiple provider rendered services to one recipient with the same date of service"?

Yes.

113. C.6.21

The District refers to the drug rebate processing system as being a component of the MMIS. Would the District be receptive to a solution that includes a standalone drug rebate system that integrates with the MMIS?

Yes, the District would be receptive to a solution similar to that proposed in the question assuming that the District owns the Drug Rebate System.

114. C.6.22 Paragraph2

Are the final words of the sentence to read overseen by a District staff person?

Yes.

115. C.7

Is the Enhancement and Implementation Task referred to in RFP Section C.7 the same as the Design, Development and Implementation of Enhancements Task referred to in C.1.11.2?

Yes.

116. C.1.111.2

Is the Enhancement and Implementation Task referred to in RFP Section C.7 the same as the Design, Development and Implementation of Enhancements Task referred to in C.1.11.2?

Yes.

117. C.6.23.1.8

If programming is required to calculate payments to the broker, will the contractor be reimbursed for changes to the system?

This is part of the MMIS functionality. This is capitation payments for the transportation broker.

118. C.7.4

RFP states "…repeating three times, once for each phase…" Is the District referring to the DDI, Operations, and Turnover Phases or to a phased approach to implementation of enhancements? Please clarify.

The District is referring to a phased approach to the implementation of enhancement rather than an "all-in-one" implementation.

119. C.7.1.2

This intent of the requirement is not clear. Would the District clarify or reword the requirement?

Please refer to the following:

H.37.6   OPERATIONAL START DATE - PERFORMANCE REQUIREMENTS

120. C.7.1.3

Do all enhancements have to be operational and implemented on the go live date, February 28, 2008?

Yes.

121. C.7.2

What is the current version of MS Project used by the District? Will the District consider upgrading to the most current version to allow for more functionality?

MS Project 2003

122. C.7.10.2 #5

Is this reference to the actual program code developed to meet the requirements of the RFP?

 Yes.

123. C.7.10.3

In the first reference the contractor is required to add 5 days for the revision of the documents but in Section H.13.3 the contractor is instructed to provide for 7 days. Please clarify the requirement.

See Attachment B for paragraph H.13.3.

124. H.13.3

In the first reference the contractor is required to add 5 days for the revision of the documents but in Section H.13.3 the contractor is instructed to provide for 7 days. Please clarify the requirement.

See response for question 123 above.

125. C.7.11.3 #1

Please clarify the three phases referenced in this requirement.

The District is referring to a phased approach to the implementation of enhancement rather than an "all-in-one" implementation. The offeror shall describe what enhancements are to be included in each of the three implementation phases.

126. C.7.20.3.1

Please provide the volume of District files to be received so that storage can be arranged.

Current Formats with the OLD IBM VSAM Architecture

Subsystem	Estimate Total	Record length	Total bytes	Total MB	Avg/Max Record size	Cylinders Pri/sec
Recipient File	386,700	3826	1,479,514,200	1444.8381	419/4244	40/40
Claims Year 1	8,000,000	17723	141,784,000,000	138460.94	441/17800	200/30
Claims Year 2	8,000,000	17723	141,784,000,000	138460.94	441/17800	200/30
Claims Year 3	8,000,000	17723	141,784,000,000	138460.94	441/17800	200/30
Claims Year 4	8,000,000	17723	141,784,000,000	138460.94	441/17800	200/30
Claims Year 5	8,000,000	17723	141,784,000,000	138460.94	441/17800	200/30
Claims Year 6	8,000,000	17723	141,784,000,000	138460.94	441/17800	200/30
Provider File	30,000	4122	123,660,000	120.76172	521/5660	5/2
Prior Authorization File	200,000	3100	620,000,000	605.46875	340/3100	70/10
Prior Authorization letters	290	133	38,570	0.037666		
Procdure, Drug, Diagnois	445,954	1432	638,606,128	623.6388	422/1428	60/40
Exception File	1,000	797	797,000	0.7783203		
Thirty Party Lib File	17,228	2378	40,968,184	40.007992	498/2378	2/8
EVS File for Providers	30,000	80	2,400,000	2.34375		
EVS File for Recipients	150,000	80	12,000,000	11.71875		
Total	49,261,172	122286	853,621,984,082	833615.22		

127. C.7.20.3.2

In order to process claims appropriately based on new system requirements and functionality, providers are required to code claims differently. In our experience it has been beneficial to have the incumbent work down the claims to have all in a paid or denied status instead of trying to resolve outstanding issues based on the previous system rules and procedures. Will the District work with the contractor to work down the claims in process?

Yes, the District will work with the contractor to work down the claims in process if it is found to be necessary.

128. C.8.5.2

Please provide the volume of prior authorizations to be entered per month over a 12 month period.

See response to question number 126.

129. C.8.6.3 #5

If all claim documents are accessible via the imaging system, will the District retrieve its own claims?

Yes.

130. C.8.7.2 #5

Is it the intent of the District to allow providers to submit claims on diskette or tape? If yes, are the providers required to use encryption with these media? Or is the intent of the District for the Contractor to provide a secure web site for providers to securely transmit these files instead of allowing providers to send diskettes or tape through the mail?

See Attachment B for paragraph C.8.7.2 #5.

131. C.8.7.2 #5

Will the District allow the contractor to provide a web portal where the provider may enter claims over the internet instead of providing software to the provider?

See response to question number 130.

132. C.8.12.2 #5

MMIS solutions do not normally allow for the original and the adjustment to be adjusted. In order to preserve the audit trail and truly adjust the current payment, will the District modify this requirement to only require adjustments to be made to the most recent adjustment?

No.

133. C.8.13.3

Please provide further definition of the TPL information to be provided.

As Medicaid is the last payer, all TPL updates need to be done before claims are set to pay.

134.   C.8.14.2 #1

The requirement suggests that only LTC providers are allowed to receive RAs electronically. Is the District's intent?

No, it is not the District's intent to receive RAs electronically.

135.   C.8.14.5 (b)
Is it the expectation that the recipient subsystem provide the functionality to track spend-down? In Section C.6.1.5 there is a mention of accessing spend-down via EVS. Is this a correct reference to a requirement?

Yes.

136.   C.8.16.2 #2
In regard to the simulation of the production environment, does the District expect the entire data base to be loaded and not a representative subset?

Simulation is requested.

137.   C.8.16.6.19
What information does the District expect to be loaded from the web portal that would go directly to the DSS/DW instead of to the MMIS?

Following the completion of the requirement analysis for the web portal and data warehouse, the District will issue RFPs that provide system and functional requirements.

138.   C.9.2 Paragraph 1

Section C.9.2 states that staffing needs for System Modifications includes these positions: a Modification Task Manager, Two (2) systems analysts, and a reporting specialist. Section H.25 states, "As described in Subsection C.9.2, this task requires full-time, on-site support from: 1. A Modification Task Manager; and 2. Five (5) Systems Analysts, with a minimum of three years of MMIS development or ongoing maintenance and modification experience."

Please clarify the specific FTE requirements for the System Modifications Team Staffing.

See Attachment B for paragraph C.9.2.

139.   H.25.1

Section C.9.2 states that staffing needs for System Modifications includes these positions: a Modification Task Manager, Two (4) systems analysts, and a reporting specialist. Section H.25 states, "As described in Subsection C.9.2, this task requires full-time, on-site support from: 1. A Modification Task Manager; and 2. Four (4) Systems Analysts,

with a minimum of three years of MMIS development or ongoing maintenance and modification experience."

Please clarify the specific FTE requirements for the System Modifications Team Staffing.

See Attachment B for paragraph H.25.

140. C.10.2.2
In order to maintain confidentiality, will the District remove the requirement to provide the salaries of personnel?

No.

141. F.2
The chart in this section seems to indicate that the Design task should be complete within 1 month of contract award, Development/Testing within 1 month of completing Design, Conversion within 1 month of completing Development/Testing, and Preparation for Operations within 1 month of completing Conversion. This schedule does not provide for the time the District has allotted for its review. Please reconsider the schedule in lieu of the review period.

The Chart in F.1 indicates to the beginning of the first deliverable of a requirement document will be followed by requirement analysis which will finalize and create the System Design Document before development begins. One month after the contract award, the District is expecting the first deliverable. The due dates for all the tasks in F.2 are the submission of the deliverables and not the completion of the CLINS. The CLINS is expected to take between three to five months. The District does not want to dictate vendors' timeline for each CLIN. Each CLIN might have different timeline depending on the system the vendor propose.

142. H.13.2
RFP states the COTR will give written notice no later than 10 business days after receipt of a deliverable. However, on page 121, Section C.7.8.2, the RFP states that comments will be provided within 5 working days of delivery. Please clarify the timeframe for District review of deliverables.

See Attachment B for paragraph C.7.8.2.

143. H.22.3 #2
The beginning of the first statement reads, "Twenty five percent (20%) of Enhancement and Implementation Task prices ….." Note that pricing schedule B.4.1 (page 5, item b) states 20%. Please clarify the correct percentage for the Enhancement (Development) / Testing phase.

See Attachment B for paragraph H.22.3 #2.

144.   H.22.3
        The beginning of the first statement reads, "Fifteen percent (20%) of Enhancement and
        Implementation Task prices ….." Note that pricing schedule B.4.1 (page 5, item f) states
        20%. Please clarify the correct percentage for the Federal Certification phase.

        See Attachment B for paragraph H.22.3 number 6.

145.   H.23.6
        The end of the last sentence states, "….work performed other than through the eight (8)
        Pricing Schedules identified in this subsection. There is no further reference to 8 pricing
        schedules, and the RFP only contains 4 schedules (B.4, B.4.1, B.4.2 & B.4.3).
        Attachment J.2.5 contains another 4 detailed pricing schedules (Table 1.4, Table 3.1.1,
        Table 3.1.4 and Table 3.3.2). Is this what the District is referring to in regard to these
        "eight (8) Pricing Schedules?"

        See Attachment B for paragraph H.23.6.

146.   H.27
        The turnover task costs, as stated in the first paragraph, are to be included in the last <u>full
        year</u> of operations. The 2nd paragraph states that the District will withhold 15% of the
        monthly contract operations payments for the last six (6) months of the contract.
        Schedule B.4.2 includes the turnover task in only the last six (6) operational months.
        Shouldn't the first paragraph also reflect six (6) months, since this task is specifically
        defined as "Operations & Turnover" in Schedule B.4.2?

        **Paragraph H.27 is written correctly. The associated turnover cost need to be
        included cost in the last full year of operations.**

147.   H.31
        What is the volume of the microfilm or microfiche or other electronic media as defined in
        this section, to be purchased for this contract?

        Refer to paragraph H.31 of the MMIS RFP.

148.   H.39.3
        Time specified is not consistent with C.3.3.1.1. What is the correct time period?

        See Attachment B for paragraph H.39.3.1.

149.   H.47.4.1
        Who is the consultant referred to in this requirement?

The consultant referred to in this requirement is the independent consultant selected by the MMIS vendor to perform the SAS audit.

150. Certification Regarding a Drug-free Workplace
The offeror is required to make a certification. However, there is no space for a signature. Please clarify whether a signature is required and how it should be provided.

The Contractor is required to comply with the requirements of the Drug-Free workplace. A signature is required on page one of the Solicitation, Offer and Award form.

151. L.1
Please confirm that exhibits, graphics, and tables (including the required draft work plan) are exempt from the 12 point font requirement.

No.

152. L.1

In order to provide for explanatory diagrams and other info, will the District allow larger paper to provide for detail and explanation as required?

Yes.

153. L.8.1, Section 1 Attachments

Because RFP Section L.8.1 includes Attachment J.2.5, Cost/Price Data Package, is it correct to assume that all Section I Attachments are to be included in the Price Proposal volume? If not, please specify which attachments should be included in the Technical Proposal and which attachments should be included in the Price Proposal.

Please refer to the instructions in Section L of the solicitation for submitting attachments.

154. L.8.1, Section 1 Attachments

Please confirm that the Acknowledgment of Amendments should be included in the Price Proposal volume with the Section I Attachments

Please refer to the instructions in Section L.15 Acknowledgement of Amendments, of the solicitation for submitting Amendments.

155. L.8.2

While it is standard industry practice to decompose all tasks within an active project work plan to less than 2 staff weeks of effort, to do so for the draft work plan to be included with the proposal will greatly increase the size of the plan without providing a comparable increase in information. Would the District consider removing the 2 staff weeks of effort requirement with the understanding that upon contract award, during the initial work plan review and revision, this requirement will be met?

156. Organizational Support and Experience

    Please clarify the term "licensing Contracts" at the bottom of page 289.

    Licensing Contracts are state agreements for running the state owned systems.

157. L.8.3 #c

    This section requests that Certifications K.1, K.2, and K.3 be completed but does not reference K.4, K.5, K.6, K.7, and K.8.

    However, Section L.21 on page 295 says that "Offerors should complete and return with their proposals the Representations and Certifications…" Should offerors include K.4 through K.8 when responding to RFP Section L.8.3 on page 289?

    Offerors shall complete the entire Section K when responding to the RFP.

158. L.8.4.2.1 #1

    The last sentence in this paragraph reads, "The prices shown on Section B should equal those shown on Schedules B.4." Section B contains 4 pricing schedules, and B.4 is the summary pricing schedule. Please clarify what is meant by "on Section B."

    See Attachment B for paragraph L.8.4.2.1.

159. L.8.4.4.1

    Is the reference to H.31 meant to be H.30?

    Yes.

    See Attachment B for paragraph L.8.4.4.1

160. L.21 certifications and Representations

    a) Please confirm that the reference to Attachment J.2 should be Attachment J.2.2.

    Please confirm that the reference to Attachment J.5 should be Attachment J.2.3

    Delete Attachment J.2 and replace with Attachment J.2.2.

    Delete Attachment J.5 and replace with Attachment J.2.3.

161. L.28, Signing of Offers

    Please confirm that the Solicitation, Offer and Award form should be included in the Price Proposal volume with the Section I Attachments.

The offeror shall sign the offer or proposal and print or type its name on the Offer/Award form, Section A of this solicitation as stated in Section L.22 of the RFP and submit with the Technical Proposal.

162.   L.34.2

These two paragraphs reference the number of attendees to the oral presentations. In paragraph 2 there is a reference to 6 representatives and in paragraph 4 there is a reference to 3 representatives. Does the District expect that there will be 6 representatives at the oral presentations?

The District expects 6 representatives.

163.   L.34.4

These two paragraphs reference the number of attendees to the oral presentations. In paragraph 2 there is a reference to 6 representatives and in paragraph 4 there is a reference to 3 representatives. Does the District expect that there will be 6 representatives at the oral presentations?

See response to question number 162.

164.   C.8.16.5.13

What is the estimated call volume in the AVR monthly?

Current EVS calls are estimated to be about 2000 monthly.

165.   C.8.16.5.13

Will the caller have the option to transfer to a Customer Service Representative?

Yes.

166.   C.8.16.5.13

Will the District provide the scripts for recording or will the contractor write the scripts for approval and implementation?

The contractor will write the scripts for approval by the District.

167.   H.47.2,
The requirements stated in H.47.2.1 through H.47.2.1.1.2 address proposal submission requirements that do not seem to apply to the MMIS proposal. Please clarify and confirm that we do not have to respond to these requirements for purposes of the MMIS proposal submission.

This is a requirement for the SAS audit firm or consultant. This requirement is what the MMIS vendor expects at the time of hiring the consultant. The MMIS vendor will bring a consultant with the requirements mentions in H.47.2. This consultant will submit a proposal to the MMIS vendor pending approval from the

168. H.47.3
The requirements included under the overall heading called Technical Proposal (H.47.3.1 Format, and H.47.3.2 Mandatory Requirements) do not seem to apply to the MMIS proposal.   Please clarify and confirm that we do not have to respond to these requirements for purposes of the MMIS proposal submission.

See responses to question number 167.

169.   H.47.3.3
The requirements included under the heading called "Other Technical Proposal Requirements" (H.47.3.3.1 through H.47.3.3.2) do not seem to apply to the MMIS proposal.   Please clarify and confirm that we do not have to respond to these requirements for purposes of the MMIS proposal submission.

See responses to question number 167.

170. H.47.4
The requirements included under the heading called "Staff Requirements" (H.47.4.1 through H.47.4) do not seem to apply to the MMIS proposal.   Please clarify and confirm that we do not have to respond to these requirements for purposes of the MMIS proposal submission.

See responses to question number 167.

171. C.1
Please define and provide an example of how the District defines rules-based and table driven structure.

Refer to C.1.8 – lines items 1-9.

172. C.3.10.44.5
Will the District be providing the commercially available clinical criteria or is the Offeror to include costs for the criteria in the price proposal? If the latter, please describe/identify the products the District requires for the contract.

The District is waiting to get recommendations for vendors' Subject Matter Expert (SME) in Clinical Case Management in the proposal.

173. C.1.11.2

Throughout the RFP there are various references to 4 tasks as stated in the first reference. In the second reference, there is a list of 3 references and then the reference to "t hree phases."

Can the District clarify the number of tasks to be addressed and the exact names of each of these tasks?

Refer to Section F.2.

174. C.4
Throughout the RFP there are various references to 4 tasks as stated in the first reference. In the second reference, there is a list of 3 references and then the reference to "three phases."
Can the District clarify the number of tasks to be addressed and the exact names of each of these tasks?

Refer to Section F.2.

175. C.11.3#1
Throughout the RFP there are various references to 4 tasks as stated in the first reference. In the second reference, there is a list of 3 references and then the reference to "three phases."
Can the District clarify the number of tasks to be addressed and the exact names of each of these tasks?

Refer to Section F.2.

176. C.6.1.5.4
Does the District expect these vendors to come in to the verification system or straight in to the MMIS data base or potentially take a download from the MMIS on a regular basis?

Real time access is expected by the switch vendors. No downloads.

177. C.3.10.5

What is meant by "unlimited custom data fields"? Will the District limit the number of fields to be included to allow for appropriate scoping and pricing of the maintenance?

The requirement for "unlimited custom data fields" allows the District to have the capability of adding additional notes for future references or remarks.

178. C.3.10.6
What is meant by "unlimited custom data fields"? Will the District limit the number of fields to be included to allow for appropriate scoping and pricing of the maintenance?

See response to question number 177.

179. C.7.11.2
Please confirm that the requirements for timing of deliverables (60 calendar days for high level deliverables and 5 business days for lowest level deliverables) applies to the

Detailed Work Plan to be provided during the Design subtask and not to the draft work plan provided with the proposal.

A detailed Work Plan is required in the proposal. Updates to the detailed work plan can be performed as the Design Subtask deliverables begin.

180. C.3.10.4
What phone system and hardware is currently in use, or is planned to be used, by the District to enable an interface from the Clinical Case Management function to District staff?

The District is currently evaluating voice over IP capable systems that will provide an interface from the Clinical Case Management function to the District staff.

181. C.3.10.20
What treatment plans are currently in use, or are planned to be used, by the District? What format are the treatment plan descriptions in?

The District is waiting for a recommendation from vendor in the proposal.

182. H.37.6.1

Please explain the difference in the "fully operational" date of February 28, 2008 in H.37.6.1 and "developed, tested, and installed by February 8, 2008" as stated in H.38.2.1.1.

See Attachment B for paragraph H.38.2.1.1.

183. H.38.2.1.1

Please explain the difference in the "fully operational" date of February 28, 2008 in H.37.6.1 and "developed, tested, and installed by February 8, 2008" as stated in H.38.2.1.1.

See response for question number 182.

189. C.8.16.4

The requirement states that the "state will maintain security tables that control access to the MMIS, data, and system software, by user." Please confirm that the District continues to expect the contractor to maintain security tables and to control access. In addition, is it the intent of the requirement that security and access control must be maintained through tables?

As in C.8.16.4 stated, the District will control access to the DC MMIS system. This includes MMIS vendor access.

190. Does the District plan to employ the services of an independent verification and validation consultant?

Yes, the District is currently in the process of selecting a firm to provide IV&V and Program Management Office (PMO) services for the new MMIS activity.

191.   What does the District foresee in utilizing the Medicaid Management System for fraud and abuse?

The new MMIS system will have a full Fraud and Abuse system according to the CMA guidelines. The District is looking for a robust table driven database to help MAA perform further analysis. In addition, a separate Decision Support System/Data Warehouse (DSS/DW) RFP will be put in place to incorporate the Fraud and Abuse functions.

Attachment B - Revisions to Solicitation

1.   Delete Section B.1.1 in its entirety and substitute the following:

   B.1.1   Provide, Enhance and Implement a federally owned and certified Medicaid
   Management Information System (MMIS) as set forth in Section C.3 through C.7
   of this Request for Proposal (RFP).   The Contractor shall enhance the MMIS by
   using current information technology to enable the efficient and responsive
   operation of the District's Medicaid Program as described in Section C.1.

2.   Delete Section B.2 in its entirety and substitute the following:

   B.2   The term of the contract shall be for a multiyear term of seven (7) years from date
   of award. The District contemplates award of a single contract containing the
   following three types of contract components:

      1.   Fixed-price component for system Enhancements and Implementation tasks as
      defined in Sections H.21 and H.22;

      2.   Requirements component with payment based on fixed unit prices for
      Operations as defined in Sections H.21 and H.23; and

      3.   A cost reimbursement component for postage as defined in Section G.9.4.

3.   Delete Section B.4 in its entirety and substitute the following:

   B.4 PRICE SCHEDULE – Summary of Periods One through Seven

Period One
Enhancements and Implementation
(from Pricing Schedule B.4.1) $_____

Operations (from Pricing Schedules B.4.2 - B.4.6)
      Period Two (Price Schedule B.4.2) $_____
      Period Three (Price Schedule B.4.3) $_____
      Period Four (Price Schedule B.4.4) $_____

Period Five (Price Schedule B.4.5) $_____

Period Six (Price Schedule B.4.6) $_____

OPTIONAL RESOURCE PERSONNEL

(from Pricing Schedule B.4.7) $_____

                                                          $_____
Total Price (For Periods One through Seven)

B.4.1 Price Schedule for Enhancements and Implementation Tasks Period One (24 Months)

a) Amount for Successful of Phase1 initial loading $_____
   of Base system and Test Version of Unmodified Certified
   MMIS (5%) as set forth in Section H.35.1 and L.34

b) Amount for Successful Completion of the $_____
   Phase 2 Design subtask (20% of the total amount for
   Enhancement and Implementation) as described in Section C.7.12
   and Section H.22

c) Amount for Successful Completion of the $_____
   Phase 2 Development/Testing (20% of the total amount for
   Enhancement and Implementation) as described in
   Section C.7.17 and Section H.22

d) Amount for Successful Completion of the $_____
   Phase 3 Conversion Subtask (10% of the total amount for
   Enhancement and Implementation) as described in
   Section C.7.18 and Section H.22

e) Amount for Successful Completion of the $_____
   Phase 3 Acceptance Testing Subtask (15% of the total amount for
   Enhancement and Implementation) as described
   in Section C.7.19 and Section H.22

f) Amount for Start of Operations (10% of the total amount for $_____
   Enhancement and Implementation) as described in
   Section C.7.20 and Section H.22

g) Amount for Federal Certification (20% of the total amount for $_____
   Enhancement and Implementation) as described in
   Section C.5.7 and Section H.22

Total Firm Fixed Price Offer for   **$_____**
Enhancement and Implementation (100%)

B.4.2 Price Schedule for Operations Period Two (12 months)

Firm Fixed Price Offer for Period Two (12 Months)

Base Claim Volume: 11,000,001 – 11,500,000   (a) $_____

Firm Fixed Price for each additional increment of 250,000
Claims over or under base claim volume

10, 500,001 - 10,750,000	(Rebate)	(b)	- $_____
10,750,001 – 11,000,000	(Rebate)	(c)	- $_____
11,500,001 – 11,750,000	(Charge)	(d)	$_____
11,750,001 – 12,000,000	(Charge)	(e)	$_____

Total Price for Period Two
(Sum of lines a through e) $_____

B.4.3 Price Schedule for Operations Period 3 (12 Months)

Firm Fixed Price Offer for Period 3 (12 Months)

Base Claim Volume: 11,000,001 – 11,500,000   (a) $_____

Firm Fixed Price for each additional increment of 250,000
Claims over or under base claim volume

10, 500,001 - 10,750,000	(Rebate)	(b)	- $_____
10,750,001 – 11,000,000	(Rebate)	(c)	- $_____
11,500,001 – 11,750,000	(Charge)	(d)	$_____
11,750,001 – 12,000,000	(Charge)	(e)	$_____

Total Price for Period 3
(Sum of lines a through e) $_____

B.4.4 Price Schedule for Operations Period Four (12 Months)

Firm Fixed Price Offer for Period Four (12 Months)

Base Claim Volume: 11,000,001 – 11,500,000   (a) $_____

Firm Fixed Price for each additional increment of 250,000
Claims over or under base claim volume

10, 500,001 - 10,750,000	(Rebate)	(b)	- $_____
10,750,001 – 11,000,000	(Rebate)	(c)	- $_____
11,500,001 – 11,750,000	(Charge)	(d)	$_____
11,750,001 – 12,000,000	(Charge)	(e)	$_____

Total Price for Period 4
(Sum of lines a through e) $_____

B.4.5 Price Schedule for Operations Period 5

Firm Fixed Price Offer for Period 5 (12 Months)

Base Claim Volume: 11,000,001 – 11,500,000   (a) $_____

Firm Fixed Price for each additional increment of 250,000
Claims over or under base claim volume

10, 500,001 - 10,750,000	(Rebate)	(b)	- $_____
10,750,001 – 11,000,000	(Rebate)	(c)	- $_____
11,500,001 – 11,750,000	(Charge)	(d)	$_____
11,750,001 – 12,000,000	(Charge)	(e)	$_____

Total Price for Period 5
(Sum of lines a through e) $_____

B.4.6 Price Schedule for Operations Period 6

Firm Fixed Price Offer for Period 6 (12 Months)

Base Claim Volume: 11,000,001 – 11,500,000   (a) $_____

Firm Fixed Price for each additional increment of 250,000
Claims over or under base claim volume

10, 500,001 - 10,750,000	(Rebate)	(b)	- $_____
10,750,001 – 11,000,000	(Rebate)	(c)	- $_____
11,500,001 – 11,750,000	(Charge)	(d)	$_____
11,750,001 – 12,000,000	(Charge)	(e)	$_____

Total Price for Period 6
(Sum of lines a through e) $_____

B.4.7   OPTIONAL RESOURCE PERSONNEL

Periods 2 through 7 As described in Sections C.4.3, and C.4.6	Health Care Data Analyst Monthly Rate (Notes 1,2)	Analyst/ Programmer Monthly Rate (Notes 1,2)
Period Two	$_____	$_____
Period Three	$_____	$_____
Period Four	$_____	$_____
Period Five	$_____	$_____
Period Six	$_____	$_____
Period Seven	$_____	$_____

Note 1: Enter the monthly rate for one full time person working 160 hours per month for three months for each period of the multiyear contract.

Note 2: These rates shall be transferred to Schedule B.4. These rates will be evaluated but will be considered in the total price offered. Please refer to subsection H.23 and L.8.4.

4.   Insert the following after C.1 Scope:

C.1.1   Reserved.

5.   Delete Section C.1.2 in its entirety and substitute the following:

C.1.2   The District of Columbia requires the enhancement/Design, implementation and operation of a certified Medicaid Management Information System (MMIS) to perform the functions described in this RFP and those that will be defined during requirements analysis phase as described in Section C.7.1 Design Subtask.

6.   Delete Section C.1.8 number 9 in its entirety and substitute the following:

9.   **Other MMIS Enhancements** – The Contractor- led functional requirements work sessions shall result in the identification of additional functional requirements that were not included in this RFP that shall be enumerated in a subsequent work order or RFP.

7.   Delete Section C.1.10 in its entirety and substitute the following:

C.1.10 The Contractor shall meet each of the requirements presented in this section and address the way each requirement shall be met in the offeror's proposal.

8.   Delete Section C.1.11.1 (5) in its entirety and substitute the following:

C.1.11.1.5   Begin processing of all claim types on or before the Operational Start Date as defined in Paragraph H.37.6 Operational Start Date – Performance Requirements

9.   Delete Section C.1.12 for the following definitions and substitute the following:

Business Day - Normal working hours begin Monday through Friday at 7:00 a.m. and end at 5:30 p.m. Eastern Time, except for District and Federal holidays, when District offices are closed.

Consequential Damage - a financial loss caused by CMS imposed fiscal sanctions against the District as a result of the Contractor's or any of subcontractors' action or inaction.

10.   Delete Section C.3.1 number 2 in its entirety and substitute the following:

2**.**   AMC/HIPAA Workgroup 9 AMC HIPAA Security Guidelines (obtainable from http://www.aamc.org/members/gir/gasp/

11.	Delete Section C.3.1.1 number 6 in its entirety and substitute the following:

6.	The Contractor shall provide the same hierarchical password protection, as well as a system-inherent mechanism for recording any change to a software module or subsystem. The Contractor shall propose procedures for safeguarding the District from unauthorized modifications to MMIS in the proposal; and

12.	Delete Section C.3.2.3 in its entirety and substitute the following:

C.3.2.3	The Contractor shall upgrade existing, and if required because upgrade is not possible, provide new workstation equipment which includes, but is not limited to: laser printers, microcomputers, terminal cabinetry, and site-specific communications devices that shall be installed in the District offices for the purpose of providing access to the MMIS database. It shall also include any upgrades to existing LAN equipment and software, including bridges, servers, cables, and printers.

C.3.2.3.1	The Contractor following an approved project plan by the District shall install approved workstation equipment at the offices within the first month after the contract award. The Contractor shall develop a final list of workstation locations which will be approved by the District as a subtask within the Enhancement and Implementation Task.

C.3.2.3.2	Equipment characteristics that shall meet the minimum requirement in configuring the optimum technology as defined by the District Technology Office standards and the minimum workstation for Graphical User Interface and CICS like systems screens, if proposed shall include:
1. Keyboard features,
2. CRT screen display size and graphics capability,
3. Need for upper and lower case characters, special characters, and graphics to be displayed on CRT or flat panel screens,
4. Extensive use of numeric characters,
5. Screen print capability,
6. Degree of intelligence at workstation,
7. Equipment footprint and overall size,
8. System security, and
9. Printer speeds.

13. Delete Section C.3.10.44.2 in its entirety and substitute the following:

C.3.10.44.2   All reports shall be made available in data format for export and import purposes and through multiple media including paper, CD-ROM, electronic file, diskette, and digital imaging in PDF and/or Microsoft Office formats.

14. Delete Section C.5.1 number 10 in its entirety and substitute the following:

10. Provide space for up to two (2) District staff equipped with appropriate parking, furniture and work stations which allow access to the MMIS.

15. Delete Section C.5.5.1 in its entirety and substitute the following:

C.5.5.1 The Contractor shall propose a system that has on-line real time inquiry features to allow immediate access to all MMIS master files, databases, reports, and data. Inquiry screens shall not allow the update of data -except key search and function fields - on the inquiry screen. The use of identical screens to those that are for update is permitted providing all data fields are protected from update. The protection of data fields shall be a function of the screen; security level protection only at the data level on inquiry screens is not permitted. The security requirements identified in Subsection C.3 of this RFP must be strictly adhered to for all inquiry only screens.

16. Delete Section C.5.7.3 in its entirety and substitute the following:

C.5.7.3   **MMIS Certification Schedule Deliverables**

The offeror shall create and provide a schedule to the District for the following requirements document with their proposal to be approved by the District to conduct the MMIS Certification activities which shall be completed before implementation**:**

17. Delete Section C.6.1.2.6 in its entirety and substitute the following:

C.6.1.2.6   Maintain on-line access to 6 years of historical recipient information, with inquiry capability by recipient ID number, name or partial name, and the ability to use other factors such as date of birth and/or Social Security number to limit the search by name.

18.   Delete Section C.6.1.5.8 in its entirety and substitute the following:

C.6.1.5.8   Maintain an interactive, Eligibility Verification System session, through the use of MMIS Eligibility Verification System that accepts and sends HIPAA compliant EDI formats and meets MAA security, confidentiality and privacy requirements and HIPAA and other federal security, confidentiality and privacy requirements. These HIPAA requirements are requested to be as part of the solution for this RFP.

19.   Delete Section C.6.2.2.12 in its entirety and substitute the following:

C.6.2.2.12   Maintain on-line access to a minimum of 6 (6) years of historical provider information, including provider rates and effective dates, provider program and status codes, and summary payment data.

20.   Delete Section C.6.2.2.24 in its entirety and substitute the following:

C.6.2.2.24   Maintain managed care capitation rates by HMO and rate ID with effective begin and end dates for a period of 6 years

21.   Delete Section C.6.2.2.27 in its entirety and substitute the following:

C.6.2.2.27   Maintain the number of beds and level of care, in addition to other District-specified data elements with a minimum of 72 date-specific segments for long-term care facilities (for example, NF, SNF, ICF-MR) and other institutional providers (for example, inpatient).

22.   Delete Section C.6.5.2.3 in its entirety and substitute the following:

C.6.5.2.3   Maintain a digitally indexed and microform image of all claims, attachments, adjustment requests. This must contain an image of the claim, regardless of how it was submitted, and a complete index to all claims contained on the microform media.

23.   Delete Section C.6.7.2.39 in its entirety and substitute the following:

C.6.7.2.39   Maintain a record of services needed for audit processing where the audit criteria cover a period longer than six (6) years.

24. Delete Section C.6.8.2.10, first paragraph in its entirety and substitute the following:

   C.6.8.2.10   Maintain multiple prices (at least 72 prices) for each LTC provider reimbursement methodology.

25. Delete Section C.6.10.2.1 in its entirety and substitute the following:

   C.6.10.2.1   Maintain six (6) years of adjudicated (paid and denied) claims history on a current, active claims history file for use in audit processing, on-line inquiry and update, and printed claims inquiries, including, at a minimum:

26. Delete Section C.6.11.2.1.3 item number 4 in its entirety.

27. Delete Section C.6.13.2 in its entirety and substitute the following:

   C.6.13.2   Processing Requirements

   The LTC Processing function uses recipient-specific LTC data and LTC provider-specific data to accept UB92s or HIPAA complaint format (X12N 837I) claims (X12N 837I) from providers and provide remittance advice or HIPAA complaint X12N 835. In order to perform these functions, LTC processing shall:

28. Delete Section C.7.1 in its entirety and substitute the following:

   C.7.1   Project administration activities include the set-up of all the internal management processes for the Contractor and its subcontractors, as well as the implementation of all department and Contractor management processes and reporting requirements. The objective of these controls is to ensure the smooth administration of the project. The offeror shall propose an approach to design, development, and implementation of enhancements and project administration that includes and describes the following activities that shall be in effect throughout the life of the contract:

29. Reserved.

30. Delete Section C.7.8.2 in its entirety and substitute the following:

   C.7.8.2   Review Contractor deliverables, determine the approval status of the deliverable, and provide written comments to the Contractor within five (5) working days after the contractor's completion of walk-through and demonstration;

31. Reserved.

32. Delete Section C.7.11.1 in its entirety and substitute the following:

C.7.11.1   Project milestones as listed for each task in the offeror's proposal denotes a checkpoint toward the operations start date as stated in Section H.37.6.

33. Delete Section C.7.11.3, first paragraph in its entirety and substitute the following:

C.7.11.3   The dates for completion of the milestones shall be identified in the offeror's proposal and reflect key dates specified by the offeror. At a minimum, key dates to be specified in the work plan are:

34. Delete Section C.7.11.4 in its entirety and the following:

C.7.11.4   Milestone and key dates shall be included as part of the contract. The Detailed Work Plan, prepared as part of the Design Subtask, will be used by the District of Columbia for performance standards, payment incentives, and implementation checkpoints. Payment for major activities within the Enhancement and Implementation Task shall be conditional upon successful achievement of milestones.

35. Delete Section C.7.11.3 located after C.7.11.4 in its entirety and substitute the following:

C.7.11.5   Because failure to meet any milestone completion date is a signal to the Department that a key date has not or will not be met, the Department will monitor each milestone completion date to ensure that the operations start date will be met.

36. Delete Section C.7.11.3 number 8 in its entirety and substitute the following:

8.   Receipt of written approval from CMS for Federal certification of the District of Columbia of the enhanced MMIS.

37. Delete Section C.7.17.8.1 number 9 in its entirety and substitute the following:

9.   Operating procedures shall contain any internal reports used for balancing, and so forth, which are not MMIS outputs. All data fields in

reports shall be defined, including detailed
explanations of calculations used to create all
data.

38.   Delete Section C.8.7.2 number 5 in its entirety and substitute the following:

    5.   Distribute provider claim submission software, for all claim
forms, to allow electronic claims submission by electronic
transfer, CD, or tape, to all interested providers; also,
provide secure web site for providers to securely transmit
or submit files.

39.   Delete Section C.9.2 in its entirety and substitute the following:

C.9.2   SYSTEM MODIFICATION TEAM STAFFING REQUIREMENTS

At a minimum, full-time support for system modifications shall be
provided on-site in the District of Columbia by:

1.   A Modification Task Manager,

2.   Four (4) systems analysts, and

3.   A reporting specialist.

The minimum qualifications for the Modification Task Manager
are specified in Subsection C.4.4. The four (4) systems analysts
shall each have a minimum of three (3) years of experience in
MMIS development or ongoing maintenance and modification.
The reporting specialist must have a minimum of two (2) years of
experience in a combination of ad-hoc, data base, and report writer
software, such as Easytrieve, Dyl-280, and DB2; personal
computer-based software, such as DBASE IV, Quattro Pro, and
Lotus; and statistical analysis packages, such as SPSS and SAS.

The Modification Task Manager shall serve as the primary liaison
between the Modification Team resources and the District for all
system changes. The reporting specialist must be responsible for
supporting the needs of the District with respect to the Ad Hoc
reporting function, but need not be dedicated full time to this
assignment. The reporting specialist shall be resident at the
District's facility in District, District of Columbia.

The Contractor shall provide sufficient staff to perform all normal
systems maintenance responsibilities. These individuals are

separate and distinct from those defined above for modification support. They may be located on-site or off-site.

40.   Delete the unnumbered paragraph under Section C.10.2.3 in its entirety and substitute the following:

C.10.2.3.1   As requested, or approximately five (5) months prior to the end of the contract, the Contractor shall begin training the staff of the District or its designated agent in the operation of the MMIS. Such training shall be completed at least two (2) months prior to the end of the contract or any extension thereof. Such training shall include:

1. Claims processing data entry;

2. Computer operations, including cycle monitoring procedures;

3. Controls and balancing procedures;

4. Exception claims processing; and

5. Other manual procedures.

C.10.2.3.2   As requested, or approximately four (4) months prior to the end of the contract or any extension thereof, the Contractor shall provide updates to replacements for all data and reference files, computer programs, JCL, and all other documentation as shall be required by the District or its agent to run acceptance tests.

C.10.2.3.3   At the option of the District, the Contractor shall arrange for the removal of MMIS hardware and software.

C.10.2.3.4   At a Turnover date to be determined by DOH, the Contractor shall provide to the District or its agent all updated computer programs, data and reference files, JCL, and all other documentation and records as shall be required by the District or its agent to operate the District of Columbia MMIS.

C.10.2.3.5   Following Turnover of operations, the Contractor shall provide the District with a Turnover Results Report that will document completion and results of each step of the Turnover Plan.

41.   Delete Section F.1 in its entirety and substitute the following:

F.1 TERM OF CONTRACT

The term of the contract shall be a multi-year period of seven (7) years from the date of award.

42. Delete Section G.9.1 in its entirety and substitute the following:

G.9.1 The COTR is responsible for general administration of the contract and advising the Contracting Officer as to the Contractor's compliance or noncompliance with the contract. In addition, the COTR is responsible for the day-to-day monitoring and supervision of the contract, of ensuring that the work conforms to the requirements of this contract and such other responsibilities and authorities as may be specified in the contract. The COTR for this contract is:

> Name: William Brown III
> Title: Acting Chief of Program Operations
> Agency: Department of Health
> Medical Assistance Administration
> Address: 2100 Martin Luther King Jr., Avenue, SE
> Washington, DC 20020
> Telephone: (202) 698-2008

43. Delete Section G.9.4 (b) in its entirety and substitute the following:

b) The costs for performing this RFP shall not exceed the cost reimbursement ceiling as set forth in the RFP. The District will reimburse the Contractor only for the direct cost of postage.

44. Delete Section G.10 (a) in its entirety and substitute the following:

G.10 **ORDERING CLAUSE**

a. The optional resources personnel services to be furnished under the contract must be ordered by the issuance of a modification by the District. Such orders may be issued monthly, quarterly, as services are required during the term of the contract.

45.   Delete Section H.11 in its entirety and substitute the following:

H.11   COOPERATION IN HEARINGS AND DISPUTES

The Contractor shall cooperate and participate in the resolution of Departmental Fair Treatment Hearings and Provider Disputes at the request of the Medical Assistance Administration.

46.   Delete Section H.13.3 in its entirety and substitute the following:

H.13.3   As soon as possible, but in no event later than five (5) business days after receipt of a notice of conditional approval or disapproval, the Contractor shall make the corrections and resubmit the corrected Deliverable.

47.   Delete Section H.21 in its entirety and substitute the following:

H.21   PAYMENT

Payment for Contractor services provided under this contract will differ by task. A percentage schedule for each of the subtasks defined in Section B.4.1 for the Enhancement and Implementation will be used to calculate payments from the total prices offered. Payment for Contractor performance of Operations Task responsibilities will be paid by monthly installments of the annual fixed unit price offer. The Contractor shall be paid the firm fixed unit price offer based on the monthly rates found in Schedule B.4.7 for optional resources personnel. These optional resources will be executed through a contract modification. A cost reimbursement for postage will be paid as defined in Section G.9.4. Details of the three (3) payment approaches, available financial incentives, claim count definitions for accounting purposes, and payment request requirements are described in the following subsections.

48.   Delete Section H.22.3 in its entirety and substitute the following:

H.22.3   The District will pay the Contractor for the successful achievement of these milestones on the following basis:

1. Five (5%) of Enhancement and Implementation Task prices offered and negotiated on Pricing Schedule B.4.1 upon District approval of loading the unmodified certified MMIS Base system part of the Design Subtask milestone

2. Twenty percent (20%) of Enhancement and Implementation Task prices offered and negotiated on Pricing Schedule B.4.1 (b) upon District approval of all Design Subtask milestones;

3. Twenty percent (20%) of Enhancement and Implementation Task prices offered and negotiated on Pricing Schedule B.4.1 (c) upon District approval of all Enhancement/Testing Subtask milestones;

4. Ten percent (10%) of Enhancement and Implementation Task prices offered and negotiated on Pricing Schedule B.4.1(d) upon District approval of all Conversion Subtask milestones;

5. Fifteen percent (15%) of Enhancement and Implementation Task prices offered and negotiated on Pricing Schedule B.4.1(e) upon District approval of all Acceptance Testing Subtask milestones;

6. Ten percent (10%) of Enhancement and Implementation Task prices offered and negotiated on Pricing Schedule B.4.1(f) upon District-approved Contractor start of full MMIS operations, including all reporting functions; and

7. Twenty percent (20%) of Enhancement and Implementation Task prices offered and negotiated on Pricing Schedule B.4.1 (g) upon receipt of written approval for Federal certification of the District of Columbia MMIS.

49. Delete Section H.23.1 in its entirety and substitute the following:

H.23.1 The District will pay the Contractor the firm fixed unit price offer in the Price Schedule B.4.2 – B.4.6 in equal monthly installments for each period of operations. The Contractor shall be paid the firm fixed unit price offer based on the monthly rates found in Schedule B.4.7 for optional resources. These optional resources will be executed through a contract modification. Operations prices shall include all charges for system maintenance and modification support, report production, claims receipt and processing, and all other Contractor responsibilities described in Section C for that task. Postage will be considered a cost reimbursement item and subject to separate reporting and monthly invoices as described in Section G.9.4.

50. Delete Section H.23.6 in its entirety and substitute the following:

H.23.6   There exists no other mechanism, except Subsection H.26, "Modification Requests," by which the Contractor may receive compensation for work performed other than

through the three (3) Pricing Schedules identified in this subsection.

51.   Delete Section H.25 in its entirety and substitute the following:

H.25   MODIFICATION TASK

> H.25.1   The price for providing ongoing MMIS systems modification support, as defined in Subsection C.9, and including machine time, person time, and documentation, shall be included in the fixed price offer for each contract operations period. As described in Subsection C.9.2, this task requires full-time, on-site support from:
>
> > 1. A Modification Task Manager;
> > 2. Four (4) Systems Analysts, with a minimum of three years of MMIS development or ongoing maintenance and modification experience; and
> > 3. A reporting specialist with a minimum of two (2) years of experience.

52.   Delete Section H.30.1 in its entirety and substitute the following:

> H.30.1 The following subsection addresses the only item that shall be reimbursable to the Contractor monthly for the "direct" costs as defined in Section G.9.4.

53.   Delete Section H.35.1 in its entirety and substitute the following:

> H.35.1   CONDITIONS ON APPROVAL OF CERTIFIED MMIS SYSTEM

> The Contractor shall propose a fully certified MMIS system as described in Section C.1 that satisfies all conditions classified by CMS certification guidelines which shall include the CMS certification approval letter. The Contractor shall first install the certified Base system and this system shall always be in a running stage during the enhancement, with proper change management configuration, available for the District in order to satisfy all such conditions to the satisfactory conclusion of the District of Columbia MMIS Enhancement and Implementation Task, Acceptance Test Subtask milestones. These conditions shall not be passed on to the District of Columbia MMIS in whole or in part.

54.   Delete Section H.35.8.1 in its entirety and substitute the following:

H.35.8.1 No charges will accrue to the District for any leased, rented or purchased item of Equipment, Software or Feature ordered under this RFP until the item of Equipment, Software or Feature has passed an Acceptance Test as described in Section C.5.2. An item of Equipment, Software or a Feature shall be deemed to have passed the test once it has been delivered, installed at the site, and is operational based on the following definitions and conditions:

1. The Delivery Date is the date on which the user (Medical Assistance Administration) receives the Equipment, Software or Feature;
2. The Installation Date is the date on which the Contractor certifies that the item of Equipment, Software or the Feature is installed at the site and ready to operate pursuant to Contractor's installation policy;
3. The Acceptance Date is the date on which the Equipment, Software or Features has operated effectively for ninety (90) continuous days;
4. The Performance Period is the period between the Installation Date and the Acceptance Date;
5. For leased, rented or purchased Equipment, Software or Features, charges will be due and payable by the Medical Assistance Administration on the Acceptance Date; and
6. For purposes of determining the date as of which charges will be due and payable, any delay of installation or the start of the Performance Period not the responsibility of Contractor will reduce the required number of Performance Period days of consecutive operation on a one-for-one basis.

55. Delete Section H.37.3 in its entirety and substitute the following:

H.37.3 CONSEQUENTIAL DAMAGES FOR DISTRICT SANCTIONS

In addition to the indemnification clause, if during either MMIS Enhancement and Implementation or Operations Tasks, CMS imposes fiscal sanctions against the District or CMS stop reimbursing the Federal Financial Participation to the District as a result of the Contractor's or any subcontractor's faults, the Contractor shall compensate the District the amount lost by the District by application of the sanctions.

56. Delete Section H.38.2.1.1 in its entirety and substitute the following:

H.38.2.1.1   The District intends to have the new MMIS developed, tested, and installed as set forth in Section H.37.6. Accomplishment of certain specified development activities by the key dates, as defined in Subsection C.7.5, and established in the detailed work plan is necessary to ensure full compliance with that start date.

57.   Delete Section H.39.2 in its entirety and substitute the following:

H.39.2   Timeliness of Claims Processing - Damages

The District may assess ten thousand dollars ($10,000.00) for the first month of each failure to meet the requirements stated in Section H.39.1 The District may assess twenty thousand dollars ($20,000.00) for each consecutive subsequent month a requirement remains unmet. For example, failure to meet the requirements stated in Section H.39.1 for four (4) consecutive months may result in the District's assessing damages in the amount of seventy thousand dollars ($70,000.00).

58.   Delete Section H.39.3.1 in its entirety and substitute the following:

H.39.3.1   Where on-line access to the system is specified, the Contractor shall ensure that the average response time is no greater than the requirements set forth in Subsection C.3.3.2, at least ninety eight percent (98%) of the available production time between 7:00 a.m. and 5:30 p.m., Eastern Time, Monday through Friday, including District holidays for workstations. Average response time per terminal per available production hour per day shall be reported weekly. Response time is defined in Subsection C.3.3.1.

59.   Delete Section I.11 in its entirety and substitute the following:

I.11   CONTRACTS IN EXCESS OF $1 MILLION DOLLARS

Any multiyear contract in excess of $l,000,000 shall not be binding or give rise to any claim or demand against the District until approved by the Council of the District of Columbia and signed by the Contracting Officer.

60.   Delete Section I.13 in its entirety.

61.   Delete Section L.8.4.2.1 in its entirety and substitute the following:

L.8.4.2.1   The Contractor must specify a firm fixed price for the Enhancement and Implementation activities and for each

year of operations. The prices shown on Section B.4 should equal those shown on Schedules B.4.1 and B.4.7.

62. Delete Section L.8.4 in its entirety and substitute the following:

L.8.4.4. The Contractor must specify a firm fixed unit price to perform all Contractor services for the claims volume indicated in schedule B.4.2 – B.4.6 for each of the contract period of operations.

L.8.4.4.1 All costs (machine time, personnel, and documentation support) for modification and maintenance support, as well as operations, are to be included in this fixed price offer for each year. offerors must not include costs for postage since these are reimbursement basis costs as specified in Subsection H.31. Any anticipated costs for the Turnover task should be included in Pricing Schedule B.4.6 for the last contract period of operations.

L.8.4.4.2 The District is requiring offers for optional resource personnel including one (1) health care data analyst and one (1) analyst/programmer. Offerors are instructed to complete Section B.4.7 for these optional resource personnel. Amounts offered for the optional resource personnel will be included in the total price on Pricing Section B.4. The District reserves the right to utilize all or any of the optional resource personnel during any period of the contract. Utilizing this resource levels will require a contract modification.

L.8.4.5 Pricing Schedule B.4.7 must reflect the monthly rates for optional resource personnel described in subsection C.4.6, Minimum Qualifications for Optional Resource Personnel. The monthly rate specified on Schedule B.4.7 should be for one full time person working 160 hours per month. Documentation supporting Contractor preferences, as described in Section M.3, should also be submitted if the Contractor qualifies.

63. Delete Section L.8.4.4.1 in its entirety and substitute the following:

L.8.4.4.1 All costs (machine time, personnel, and documentation support) for modification and maintenance support, as well as operations, are to be included in this fixed price offer for each year. Offerors must not include costs for postage since these are reimbursement basis costs as specified in Subsection H.30. Any anticipated costs for the Turnover task should be included in Pricing Schedule B.4.6 for the last contract period of operations.

64. Delete Section L.21 in its entirety and substitute the following:

L.21 CERTIFICATIONS AND REPRESENTATIONS

Offerors shall complete and return with their proposal the Representations and Certifications, the Equal Employment Opportunity Forms, Attachment J.2.2, and Tax Certification, Attachment J.2.3.

65. Delete Section L.26 in its entirety.

66. Delete Section L.34 in its entirety and substitute the following:

L.34 ORAL PRESENTATIONS AND DEMONSTRATION OF THE BASE SYSTEM

Upon completion of the technical evaluations of proposals received in response to this solicitation those offerors determined to be in the competitive range shall provide Oral Presentations and a demonstration of the certified MMIS Base System to the technical evaluation panel and District officials. Points will not be awarded for oral presentations and the demonstration of the BASE system. This Base system will be used as a benchmark and can be enhanced with proper change management configuration. It should be available and accessible by the District during the enhancement, development, and testing.

67. Delete Section C.8.4 in its entirety and substitute the following:

C.8.4 REFERENCE DATA MAINTENANCE

The following subsections describe District responsibilities, Contractor responsibilities, and performance Requirements for this function.

C.8.4.1 District Responsibilities

District responsibilities are to:

1. Review and approve specific pricing criteria for all Procedure, Pricing, and Drug files;

2. Approve the contractors identified service codes (HCPCS, NDC) which are not covered under the District of Columbia medical assistance program;

3. Approve all unique District of Columbia service codes to the Contractor;

4. Approve the contractors recommendation Specification on the benefit limitation and service conflict criteria to be applied through the use of the Edit/Audit Criteria file;

5. Approve the contractor's recommendation of the procedures, drugs, and diagnoses which require prior authorization;

6. Approve the Contractor's the detailed policies and payment objectives related to the use of DRG pricing and any other reimbursement methodologies and the upgrading to the most current level of DRG and its associated mappers.

7. Initiate updates;

8. Approve all updates on an ongoing basis;

9. Provide the operational and policy parameters used by the Contractor to design or modify edits and audits;

10. Request and approve mass updates (i.e., regular and irregular updates) to files as necessary.

11. Review and approve alternate pricing methodologies to be implemented in the future; and

12. Respond to all inquiries from the Contractor regarding discrepancies in Reference file information

C.8.4.2 Contractor Responsibilities for Reference Data Maintenance

Contractor responsibilities are to:

1. Operate the Reference Data Maintenance function of the MMIS;

2. Maintain all Reference files and ensure that only the most current applicable information is used in claims processing;

3. Provide the District with on-line inquiry and update capabilities to all Reference files;

4. Provide training to the District in the use of the Reference functions initially and on an ongoing basis;

5. Contract with a drug updating service to update drug prices at least weekly, and provide the District with complete drug

catalogs three (3) times per year, and with periodic catalog updates as they are issued by the update service;

6. Perform mass updates to the Reference files as specified by the District;

7. Provide the required reports, listings and/or microform/imaging of the Reference files to the District;

8. Support all Reference Data Maintenance functions, files, and data elements necessary to meet the requirements in this RFP;

9. Establish and recommend to the District a specific pricing criteria for all Procedure, Pricing, and Drug files in November each year to be used effective January 1st of the next calendar year;

10. Identify all service codes (HCPCS, CPT, NDC) which are not covered under the District of Columbia medical assistance program;

11. Recommend unique District of Columbia service codes to the District;

12. Specify the benefit limitation and service conflict criteria to be applied through the use of the Edit/Audit Criteria file;

13. Identify and recommend to the District the procedures, drugs, and diagnoses which require prior authorization;

14. Define and interpret for the Contractor the detailed policies and payment objectives related to the use of DRG pricing and any other reimbursement methodologies and the upgrade to the most current level of DRG with its associated mappers.

15. Define and recommend to the District alternate pricing methodologies to be implemented in the future;

16. Identify and advise the District of changes to edits and audits to enhance processing and efficiency; and

17. Make recommendations on any area in which the Contractor thinks improvements can be made.

C.8.4.3 Requirements for Reference Data Maintenance Performance

The Contractor shall provide the following Performance Requirements:

1. Correctly apply updates to the Reference files within two (2) working days of   receipt of the update request and within the limits specified in the CMS standards; and

2. Provide listings of the Reference files to the District within one (1) week of receipt of the request.

68. Delete Section H.37.6 in its entirety and substitute the following:

H.37.6   OPERATIONAL START DATE - PERFORMANCE REQUIREMENTS

H.37.6.1   The District intends to have the planned District of Columbia MMIS fully operational on January 1, 2009 as set forth in Section C.1.11.1 (5) of this RFP. On or before January 1, 2009, the Contractor shall provide a fully operational system that can begin processing correctly all claim types, claims adjustments, and other financial transactions; maintaining all system files; producing all required reports; and performing all other Contractor responsibilities specified in as set forth in Section C.7.20 of this RFP for the new MMIS. The Contractor shall provide a system with all enhancements approved by the District.

H.37.6.2   Compliance with the January 1, 2009, date is critical to the District's interest. Therefore, the Contractor shall be liable for resulting damages stated in Section H.37.7 if this date is not met. The District shall determine the Contractor's capability to meet this date following the conclusion of the operational readiness test as set forth in Section C.7.20 of this RFP.

69. Insert the following:

H.49   WAY TO WORK AMENDMENT ACT OF 2006

H.49.1 Except as described in H.49.8 below, the Contractor shall comply with Title I of the Way to Work Amendment Act of 2006, effective June 9, 2006 (D.C. Law 16-118, D.C. Official Code §2-220.01 *et seq*.) ("Living Wage Act of 2006"), for contracts for services in the amount of $100,000 or more in a 12-month period.

H.49.2 The Contractor shall pay its employees and subcontractors who perform services under the contract no less than the current living wage published on the OCP website at www.ocp.dc.gov.

H.49.3 The Contractor shall include in any subcontract for $15,000 or more a provision requiring the subcontractor to pay its employees who perform services under the contract no less than the current living wage rate.

H.49.4 The Department of Employment Services may adjust the living wage annually and the OCP will publish the current living wage rate on its website at www.ocp.dc.gov.

H.49.5 The Contractor shall provide a copy of the Fact Sheet attached as J.2.6 to each employee and subcontractor who performs services under the contract. The Contractor shall also post the Notice attached as J.2.7 in a conspicuous place in its place of business. The Contractor shall include in any subcontract for $15,000 or more a provision requiring the subcontractor to post the Notice in a conspicuous place in its place of business.

H.49.6 The Contractor shall maintain its payroll records under the contract in the regular course of business for a period of at least three (3) years from the payroll date, and shall include this requirement in its subcontracts for $15,000 or more under the contract.

H.49.7 The payment of wages required under the Living Wage Act of 2006 shall be consistent with and subject to the provisions of D.C. Official Code §32-1301 *et seq*.

H.49.8 The requirements of the Living Wage Act of 2006 do not apply to:

(1) Contracts or other agreements that are subject to higher wage level determinations required by federal law;
(2) Existing and future collective bargaining agreements, provided, that the future collective bargaining agreement results in the employee being paid no less than the established living wage;
(3) Contracts for electricity, telephone, water, sewer or other services provided by a regulated utility;
(4) Contracts for services needed immediately to prevent or respond to a disaster or eminent threat to public health or safety declared by the Mayor;
(5) Contracts or other agreements that provide trainees with additional services including, but not limited to, case management and job readiness services; provided that the trainees do not replace employees subject to the Living Wage Act of 2006;
(6) An employee under 22 years of age employed during a school vacation period, or enrolled as a full-time student, as defined by the respective institution, who is in high school or at an accredited institution of higher education and who works less than 25 hours per week; provided that he or she does not replace employees subject to the Living Wage Act of 2006;
(7) Tenants or retail establishments that occupy property constructed or improved by receipt of government assistance from the District of Columbia; provided, that the tenant or retail establishment did not receive direct government assistance from the District;
(8) Employees of nonprofit organizations that employ not more than 50 individuals and qualify for taxation exemption pursuant to section 501(c)(3) of the Internal Revenue Code of 1954, approved August 16, 1954 (68A Stat. 163; 26 U.S.C. § 501(c)(3);

(9) Medicaid provider agreements for direct care services to Medicaid recipients, provided, that the direct care service is not provided through a home care agency, a community residence facility, or a group home for mentally retarded persons as those terms are defined in section 2 of the Health-Care and Community Residence Facility, Hospice, and Home Care Licensure Act of 1983, effective February 24, 1984 (D.C. Law 5-48; D.C. Official Code § 44-501); and
(10) Contracts or other agreements between managed care organizations and the Health Care Safety Net Administration or the Medicaid Assistance Administration to provide health services.

H.49.9 The Mayor may exempt a contractor from the requirements of the Living Wage Act of 2006, subject to the approval of Council, in accordance with the provisions of Section 109 of the Living Wage Act of 2006.

70.   Insert the following in Section J: List of Attachments

J.2.6   Fact Sheet (TBD)

J.2.7   Living Wage Act of 2006 Notice